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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application of Docket Number 09/770769		
CLAIMS AS FILED – PART I (Column 1) (Column 2)								SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED NUMB						ER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))									,	OR		5
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = "							ı	x s _ =		OR	x s =	
IND	EPENDENT CLA	MS			<del>'-</del>		l					
(37 CFR 1.16(b)) minus 3 = *								x \$=		OR		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter *0* in column 2.								TOTAL		OR	TOTAL	L
CLAIMS AS AMENDED - PART II												
9	-2-05		mn 1)		(Column 2)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
⋖		REM	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
🚆	Total (37 CFR 1.16(cj)	. 4	7	Minus	"56	• 🔿		x s=		OR	x s=	\ /
AMENDMENT	Independent (37 CFR 1.16(b))		<u> </u>	Minus	·· 7	-0		x s =		OR	× s=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+5 =		OR	+s =	
								TOTAL ADD L FEE		OR	TOTAL ADD'L FEE	$\nearrow$
		(0-1-	<b>4</b> \		(Caluma 2)	(Column 3)		A001111			700 6166	-
NT B		REM AF	mn 1) AIMS AINING TER DMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ĕ	Total (37 CFR 1.16(c))			Minus		-		x \$=		OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))			Minus		=		x s =		OR	x s=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+s =		OR	+\$ =	
The state of the s								TOTAL			TOTAL	
								ADD'L FEE		OR	ADD'L FEE	
_			mn 1)		(Column 2)	(Column 3)						
ENTC		REM	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total (37 CFR 1.16(c))			Minus	•			x s=		OR	x s=	
AMENDMENT	Independent (37 CFR 1.16(b))			Minus	•••	=		x \$=		OR	x \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+s =		OR	+ s =	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
					y in column 2, writ			•		J OK	ADLICE	_
	* If the "Highest !	Number 1	reviously	Paid For	IN THIS SPACE IN THIS SPACE I Total or Independ	is less than 3, e	nter	*3*.	the appropriat	e box in c	olumn 1.	

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